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Veterinary Medicine Veterinary Technology Practice Guidelines

The University of the State of New York
THE STATE EDUCATION DEPARTMENT

Office of the Professions
Division of Professional Licensing Services
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INTRODUCTION

The practice guidelines for veterinary medicine and veterinary technology in New York State, combined with New York State law, regulation and rule, are intended to provide practitioners with valuable information on good veterinary medicine and veterinary technology practice. The practice guidelines may also be useful to consumers and others. The practice guidelines were developed by the New York State Board for Veterinary Medicine and the State Education Department.

The practice guidelines do not replace legal requirements for practice nor are they grounds for professional misconduct. **Practice guidelines do not carry the force of law or regulation.** Practitioners must specifically become familiar with and observe the legal requirements associated with professional practice. The purpose of the practice guidelines is described in more detail in the attached memorandum dated March 15, 1999 at the end of this document. For specific legal requirements for the practice of veterinary medicine and veterinary technology in New York State contact the State Board for Veterinary Medicine or refer to:

1. the law, or statute, authorizing the licensure of veterinarians and veterinary technicians, Article 135 of Education Law, available on the Web at www.op.nysed.gov/article135.htm;
2. Part 62 of the Regulations of the Commissioner of Education in Title 8 of the New York Code of Rules and Regulations, i.e., NYCRR Part 62 which provides details regarding licensing regulations and educational requirements which is available on the Web at www.op.nysed.gov/part62.htm;
3. Education Law, Article 130, Sections 6509, 6510, and 6511 concerning professional misconduct, which is available on the Web at www.op.nysed.gov/title8.htm; and
4. 8NYCRR part 29.1 (General provisions) and 29.6 (Special provisions) for the profession of veterinary medicine of the Rules of the Board of Regents. Additional information concerning unprofessional conduct is found in various sections of Part 29 of the Rules of the Board of Regents. Part 29 is available on the Web at www.op.nysed.gov/part29.htm.

We hope you find these practice guidelines useful. If in doubt about the appropriateness of specific practices, you should consult the actual laws, rules, or regulations. You may also access these guidelines on the Web at www.op.nysed.gov/vet.htm. You may direct any questions and comments to the State Board for Veterinary Medicine by calling 518-474-3817 extension 560, by e-mailing vetmedbd@nysed.gov, or by faxing 518-486-4846.

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**GUIDELINES FOR PRACTICE OF VETERINARY MEDICINE AND
VETERINARY TECHNOLOGY IN NEW YORK STATE**

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GUIDELINE 1: Definitions of Terms

Law, rules and regulations, not guidelines, specify the requirements for practice and violating them constitutes professional misconduct. Not adhering to these guidelines may be interpreted as professional misconduct only if the conduct also violates pertinent law, rules and regulations, some citations of which are listed at the end of these guidelines.

- 1.1 An **ambulatory facility** is a mobile practice center where veterinary medicine services are performed.
- 1.2 An **emergency facility** is a practice where a veterinarian is on the premises to deliver emergency services during advertised hours.
- 1.3 **Animal** includes every living creature except a human being.
- 1.4 **AVMA** is an acronym for the American Veterinary Medical Association.
- 1.5 **Board** is a short form for the New York State Board for Veterinary Medicine.
- 1.6 A **client** is an entity, individual, group or corporation that has entered into an agreement with a veterinarian for the purpose of obtaining veterinary medical services.
- 1.7 **Continuing education** is a program of professional education that is designed to contribute to the advancement, extension, enhancement or maintenance of competence in the practice of veterinary medicine (See Guideline 4).
- 1.8 A **patient** is an animal or group of animals that is receiving veterinary medical care.
- 1.9 **General anesthesia** is a condition caused by the administration of a drug or a combination of drugs sufficient to produce a state of unconsciousness or dissociation and blocked response to a given pain or alarming stimulus.
- 1.10 The **practice of veterinary medicine** is defined as diagnosing, treating, operating or prescribing for any animal disease, pain, injury, deformity or physical condition or the subcutaneous insertion of a microchip intended to be used to identify an animal.
- 1.11 **Professional judgment** includes any decision or conduct by a licensee pertaining to the practice of veterinary medicine as defined by Article 135, Section 6701, Title VIII of State Education Law.

1.12 **Supervision**

- A. When an individual is practicing under the **general supervision** of a licensed veterinarian, the veterinarian must be readily available to communicate with the person under supervision.
- B. When an individual is practicing under the **direct supervision** of a licensed veterinarian, the veterinarian must be on the same premises as the person under supervision.
- C. When an individual is practicing under the **immediate personal supervision** of a licensed veterinarian, the veterinarian must be within audible or visual range of both the person under supervision and the animal patient and be able to intervene personally in the procedure, if necessary.

1.13 **Surgery** is the treatment through incision, excision or other structural alteration of animal tissue.

1.14 **VCPR** refers to the Veterinarian/Client/Patient/Relationship (See Guideline 5.11).

1.15 A **veterinarian** is a person who has received a professional degree from a college of veterinary medicine and is authorized to practice veterinary medicine under the laws, rules and regulations of the State of New York.

1.16 A **veterinarian on call** is a veterinarian who is able to respond in a timely fashion to a request for veterinary service.

1.17 A **veterinary facility** is any fixed or mobile establishment, veterinary hospital, animal hospital, clinic or premises where veterinary medicine is practiced.

1.18 A **veterinary technician** is a person who has received a professional degree from a program of veterinary technology and/or is authorized to practice veterinary technology under the laws, rules and regulations of the State of New York.

Citations of Pertinent Law, Rules, or Regulations:

- Education Law, Section 6701 - Definition of practice of veterinary medicine
- Education Law, Section 6703 - State Board for Veterinary Medicine
- Education Law, Section 6702 - Practice of veterinary medicine and use of title "veterinarian"
- Education Law, Section 6708 - Definition of practice of veterinary technology
- Education Law, Section 6709 - Practice of veterinary technology and use of title "veterinary technician"
- Education Law, Section 6711 - Requirements for a professional license as a veterinary technician

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GUIDELINE 2: Providing Professional Services

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Before providing service it is important that a valid VCPR (see Definition 1.14 and Guideline 5.11) is in place and you have obtained informed consent from the client. In the course of providing professional services,

2.1 The veterinarian should:

- A. provide professional services in a timely manner;
- B. conduct a complete physical examination, including, but not limited to, weight (small companion animals), TPR, auscultation of heart and lungs, ocular and otic systems, integument, and musculoskeletal system, on every patient or a number of representative members of a herd or flock;
- C. if providing small companion animal services, assure the availability of an appropriate waiting area for clients and their animals;
- D. provide clients with direct contact information on how to obtain veterinary services in case of emergency, as well as who to contact for services in her/his absence. A sign should be displayed at the entrance of the veterinary facility with a telephone number and location where veterinary care is available when the veterinary facility is closed. An answering machine or service should notify the public of the business hours of the veterinary facility and when veterinary care is available;
- E. assure that housing of in-patients is appropriate for the proper provision of veterinary care;
- F. maintain an appropriate identification system for all animals admitted to the veterinary facility in which the veterinarian practices;
- G. employ appropriately licensed staff;

- H. provide written notice to client(s) should there not be appropriate personnel to assure proper veterinary care at any time while an animal is an in-patient in a veterinary facility. Such notice may be in the form of a clearly legible sign posted in a conspicuous place or a notification on a hospitalization consent form;
- I. advise clients, as appropriate, of any diseases that currently pose an imminent danger to livestock, companion animals, and/or people within the locale;
- J. perform or provide laboratory procedures, as appropriate, for diagnosis and monitoring of medical and/or surgical conditions, including but not limited to:
 - 1. urinalysis, including microscopic exam of sediment;
 - 2. hematology, including CBC with differential WBC;
 - 3. identification of external and internal parasites;
 - 4. blood/plasma/serum chemistries;
 - 5. necropsy and histopathology;
 - 6. serology; and
 - 7. microbiology.
- K. perform or provide imaging procedures, as appropriate, for the diagnosis and monitoring of patients, in a manner that complies with all currently applicable rules and regulations for safe use of such modalities in the jurisdiction. Veterinarians and veterinary technicians should be familiar with and adhere to all rules of Section 16.54 of the New York State Health Code as it applies to veterinary radiology;
- L. perform or provide access to appropriate diagnostic procedures to monitor cardiac health status, i.e. ECG and/or ultrasonography;
- M. when offering disposal service, provide for proper storage of carcasses of animals (refrigeration or freezing) as well as disposal methods that meet all jurisdictional requirements.

Citations of Pertinent Law, Rules or Regulations:

- Education Law, Section 6509 (9) - Unprofessional conduct
- Education Law, Section 6713 - Special provisions
- Education Law, Section 6705-a. - Emergency veterinarian service
- Title 8 NYCRR, Section 29.6 - Special provisions for the profession of veterinary medicine.
- New York State Health Code, Section 16.54

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GUIDELINE 3: Referrals

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- 3.1 As a New York State licensed veterinarian, you should refer the client to another qualified veterinarian under the following conditions:
- A. when the attending veterinarian determines that he or she is not able or sufficiently qualified to meet a client's or patient's needs;
 - B. when additional or alternative services are required or requested that the attending veterinarian is unable or unwilling to provide; and/or
 - C. when an emergency situation exists where the attending veterinarian cannot respond in a timely fashion as dictated by the described condition of the patient.

Citations of Pertinent Law, Rules or Regulations:

- Regents Rules, Part 29.1(b)(9) - Practicing beyond competency

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GUIDELINE 4: Continuing Professional Competence

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Licensed veterinarians and veterinary technologists practice in a world of evolving science, technology, increased consumer expectations and other emerging issues. Practice in this changing environment requires ongoing development of knowledge and skills. It is critical that licensees remain current with changes and developments in the profession to provide quality services and to ensure public protection.

4.1 The veterinarian and veterinary technician should:

- A. maintain and update professional knowledge and skills through continuing education and review of current literature, etc;
- B. complete appropriate professional training before performing any procedure or therapy; and
- C. have access to a library of current veterinary reference materials containing readily available textbooks and journals, internet databases, etc.

Citations of Pertinent Law, Rules or Regulations:

- Education Law, Section 6509(2) - Incompetence and negligence
- Education Law, Section 6509(9) - Unprofessional conduct
- Regents Rules, Part 29.1(b)(9) - Practicing beyond competency

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GUIDELINE 5: Professional Practice

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New York State licensed veterinarians and veterinary technicians should:

- 5.1 exercise the same care, skill and diligence in treating patients consistent with that of other members of the veterinary medical profession in good standing in the locality or community in which you practice, or in similar communities;
- 5.2 conduct your practice on the highest plane of honesty, integrity and fairness in dealing with your clients and patients;
- 5.3 disclose to clients any potential conflict of interest, (e.g., if you are providing services to both the buyer and seller of the same animal);
- 5.4 never make any attempt, directly or indirectly, to adversely influence the sound professional judgment of another veterinarian or veterinary technician;
- 5.5 not render any services or advice that could deceive or betray the public;
- 5.6 not issue a health certificate/certificate of veterinary inspection for any animal unless you have thorough knowledge, as a result of actual inspection and appropriate tests, that the animal meets the specifications and conditions certified;
- 5.7 treat all animals entrusted to you in keeping with professional standards of humane care and treatment; this includes the use of chemical restraint, sedation and pain management, when appropriate;
- 5.8 decide what medical or surgical cases you should accept in your professional practice; once you accept a patient, you should determine what course of treatment will be followed in consultation with the client;
- 5.9 advise the client regarding any treatment to be provided to the patient without using undue influence;
- 5.10 not allow any layperson, corporation, or other entity to control, influence, or exploit the relationship between the client/patient and the veterinarian;

- 5.11 establish a veterinary client/patient relationship, "VCPR," except when the client is unavailable. The VCPR exists when:
- A. The veterinarian has assumed the responsibility for making medical judgments regarding the health of the patient with the assent of the owner of the animal or their duly authorized agent.
 - B. The veterinarian has sufficient knowledge of the patient to initiate at least a general or preliminary diagnosis of the medical condition of the patient. This means that the veterinarian is personally acquainted with the keeping and care of the patient by virtue of:
 - i. a timely examination of the patient by the veterinarian, or
 - ii. medically appropriate and timely visits by the veterinarian to the operation where the patient is managed, or
 - iii. medically appropriate and timely visits by the patient to the veterinary facility where the veterinarian is working.
 - C. The veterinarian is readily available for follow-up evaluation and oversight of treatment and outcomes, or has arranged for appropriate continuing care and treatment.
 - D. Patient records are maintained.
- 5.12 only prescribe, deliver, or have delivered prescription drugs when a VCPR has been established and you have determined that the prescription drug is therapeutically indicated for the health and/or well being of the animal. You cannot fill prescriptions from other veterinarians.
- A. Written prescriptions can be filled at a pharmacy of the client's choice. A written prescription for a drug must be provided upon request if a valid VCPR has been established. All written prescriptions should include the following information:
 - 1. the name, address, telephone number, license number and signature of the prescribing veterinarian;
 - 2. the name and address of the client;
 - 3. the species and name, number or other identifying information for the animal;
 - 4. the name, strength and quantity of the drug(s);
 - 5. directions for use including, if applicable, withdrawal time;
 - 6. date of issue;
 - 7. number of refills; and
 - 8. Dispense as Written box.

- B. Drugs dispensed from a veterinary pharmacy should be labeled with the following information:
1. name, address and telephone number of the facility;
 2. client's name;
 3. the species and name, number, or other identifying information for the animal;
 4. date dispensed;
 5. directions for use, including withdrawal time and precautionary information, if applicable;
 6. the manufacturer's trade name of the drug or the generic name, strength (if more than one dosage form exists), quantity of drug and the expiration date when established by the manufacturer; and
 7. name of prescribing veterinarian.
- C. Drugs should not be prescribed for a duration that is inconsistent with the patient's medical condition. The drug should not be prescribed for a period of more than one year from the date that you have examined the patient and prescribed the drug, unless you have conducted a subsequent examination of the patient and determined that there is a continued need for the prescribed drug.
- D. Childproof containers should be used unless otherwise requested by the client (an exception would be a drug that is prepackaged, for example, and dispensed with appropriate labeling).

5.13 not prescribe, dispense, deliver, or order any controlled substance unless you are currently registered with the Federal Drug Enforcement Administration (DEA). However, if you are not a veterinarian registered by the DEA but you are a DEA unregistered veterinarian employed by a DEA registered veterinarian you may [dispense or] administer controlled substances if the DEA registered veterinarian **has designated you to do so** and you **administer such substances under his or her direction and supervision** [knowledge that you are using the drugs in the usual course of your employment].

5.14 prepare a **LEGIBLE** individual record every time you provide professional services. The record can be written or computer generated, for each patient treated using accepted standard nomenclature (See Section 5.14E for food animal and colony practices).

- A. Records should be maintained for at least three (3) years after the animal's last visit. If controlled drugs were used to treat the animal, the record must be maintained for 5 years in accordance with DEA regulations.
- B. All medical record entries should be signed, initialed or otherwise validated by the individual making the entry.
- C. Adequate medical records should include all clinical information pertaining to the patient including sufficient information to justify the diagnosis and treatment. The medical record should include, but not be limited to, the following information:
1. client identification (name, address, phone numbers);

2. patient identification (species, breed, age, gender, reproductive status, colors and distinguishing markings, tattoo, microchip, etc.);
 3. patient history (past and recent history, current illness and chief complaint) which should include the dates of visits;
 4. results of physical examinations including weight, temperatures when possible, pulse rate, respiratory rate, mental status, conformation, hydration status, and complete systems review as appropriate to the circumstances;
 5. results of laboratory, imaging, and any other diagnostics performed as well as consulting specialist's reports;
 6. assessment, differential or definitive diagnosis;
 7. recommended treatment plan, including diagnostic recommendations, surgical procedures, any medical alternative, or other therapy discussed;
 8. written documentation of client's informed consent when appropriate for the treatment including acknowledgement of risk;
 9. treatments performed and therapy administered (including names, dosages, routes of administration of all drugs including anesthetics);
 10. results of treatments performed, when available and in the case of hospitalized patients, daily narratives of the patient's condition, assessment, changes in therapy and date of discharge;
 11. recommendations for outpatient care, follow up visits, postoperative instructions;
 12. all client communications either in person, via telephone or email;
 13. results of necropsies performed; and
 14. all other pertinent veterinary information.
- D. Daily treatment records, anesthesia logs, and surgical reports are all considered part of a patient's medical record.
- E. In a food animal or large colony practice where individual records might not be maintained, sufficient written information must be kept so that another veterinarian can continue veterinary services in a logical and professional manner.
- F. Medical records also include, but are not limited to:
1. Radiographs
 - a. Original radiographs are the property of the veterinary facility that originally ordered them to be prepared.
 - b. Radiographs or copies should be released to the client or another veterinarian upon appropriate authorization of the client.
 - c. Original radiographs should be returned to the veterinary facility that prepared them within reasonable time.
 - d. Radiographs or copies of radiographs originating at an emergency hospital should become the property of the next attending veterinary facility upon receipt of the radiograph(s). Transfer of radiographs should be documented in the medical record.
 - e. All exposed radiographic films, except for intra-oral radiographs, should have a permanent identification legibly exposed in the film emulsion. This identification should include the following:

1. the hospital or clinic name and/or the veterinarian's name;
2. client identification;
3. patient identification;
4. the date the radiograph was taken; and
5. positioning information if relevant.

2. Laboratory data is also part of the medical record.

G. Emergency Clinic Medical Records

The client should be provided with a legible copy of the medical record when the patient is released following emergency clinic service. The medical record should include at least the following:

1. physical examination findings;
2. dosages and time of administration of medications;
3. copies of diagnostic data or procedures;
4. all radiographs, or copies of radiographs, for which the facility should obtain a signed-release when transferred;
5. surgical summary;
6. tentative diagnosis and prognosis if known; and
7. any follow-up instructions.

H. Requests for copies of the medical record:

Upon request, the client is entitled to copies of all of the medical records provided in a timely manner. A reasonable fee may be charged.

5.15 Anesthesia and surgery. You should use appropriate and humane methods of anesthesia (general or local), analgesia and sedation to minimize pain and distress during procedures. The veterinarian should comply with the standards listed below.

- A. Every animal should be given a physical examination within 24 hours before the administration of an anesthetic or as dictated by the animal's condition. The results of the physical examination should be noted in the patient's medical records.
- B. Appropriate drugs and equipment to treat medical emergencies should be readily available.
- C. Supplemental heat for intra-op, post-op and critical care patients should be available when appropriate.
- D. Surgery should be conducted in an appropriate surgical environment at the level of practice commensurate with the practice of one's peers.

5.16 Compliance with OSHA requirements is required and a notebook of Material Safety Data Sheets (MSDS) should be kept and be readily available to all employees.

Citations of Pertinent Law, Rules or Regulations

- Education Law, Section 6706 - Corporate practice
- Education Law, Section 6713 - Special provisions
- Education Law, Section 6714 - Treatment records
- Education Law, Section 6807 - Exempt persons; special provisions
- NYCRR 29.1 - General provisions for all professions
- Public Health Law section 3331 - Scheduled substances administering and dispensing by practitioners.

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GUIDELINE 6: Professional Behavior

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The veterinarian or licensed veterinary technician should not:

- 6.1 willfully harass, abuse or intimidate a client or patient either physically or verbally;
- 6.2 fail to wear an identifying badge, that is conspicuously displayed and legible, indicating name and title;
- 6.3 fail to conspicuously post at the site of the practice the names and field of licensure of all of the principal professional licensees engaged in practice at that site;
- 6.4 issue prescriptions for drugs that fail to contain the following information; the date written, prescriber's name, address and telephone number, profession and registration number, client's name, address, strength and quantity of the prescribed drug or device, as well as the directions for use by the patient;
- 6.5 fail to use scientifically accepted infection prevention techniques appropriate to the profession for the cleaning and sterilization or disinfection of instruments, devices, materials and work surfaces; and
- 6.6 fail to properly handle sharp instruments and utilize protective garb and covers for contamination prone equipment.

Additional information regarding Unprofessional Behavior can be found in the following Law, Rules or Regulations

- NYCRR Part 29 - Unprofessional conduct
- NYCRR Part 29.1 - General provisions for all professions
- NYCRR Part 29.6 - Special Provisions for Veterinary Medicine

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GUIDELINE 7: Pharmaceuticals

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- 7.1 The following should not be held or offered for sale:
- a. prescription medication that is returned by the client;
 - b. adulterated and/or misbranded drugs or devices;
 - c. drugs beyond their expiration date; and
 - d. drugs inappropriately stored.
- 7.2 Appropriate locked storage for controlled substances should be available in accordance with DEA regulations.
- 7.3 A separate refrigerator, with temperature monitoring, for proper storage of medications, laboratory kits and biologics based on the manufacturer's recommendations (separate from staff food storage) should be available.

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GUIDELINE 8: Fees

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- 8.1 Fee disputes can often lead to complaints of professional misconduct. The Office of the Professions does not negotiate or resolve fee disputes. However, other claims of professional misconduct may arise as a result. When investigated, many times these complaints are found to originate in disputes over fees, but the veterinarian as well as the Department will have had the burden of the investigation. To avoid these complaints, veterinarians should:
1. clarify the billing and payment conditions with clients at the outset of evaluation and treatment, and specify the financial arrangements in terms that the client can understand;
 2. make the client aware of the cost involved for the recommended treatments so the client can make informed choices and not incur excessive expense.



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Office of Higher Education
Office of the Professions

March 15, 1999

To: Professional State Board Members

From: Johanna Duncan-Poitier

Subject: Professional Practice Guidelines

I write to clarify the purpose and use of practice guidelines developed by Professional State Boards. Practice guidelines provide guidance regarding the implementation of Rules of the New York State Board of Regents to practitioners for the promotion of good practice. Because of questions recently posed about the meaning and use of these guidelines, the following is a more detailed description of the purpose, benefits and limitations of this important tool.

In accordance with Section 6504 of Title VIII of the Education Law:

"Admission to the practice of the professions and regulation of such practice shall be supervised by the board of regents and administered by the education department, assisted by a state board for each profession."

The Board of Regents' supervision and the State Education Department's administration of professional regulation is guided by the Education Law, Regents Rules and Commissioner's Regulations. To meet their responsibility to assist in regulating the practice of the professions, several professional State Boards have developed practice guidelines to assist licensed professionals in understanding how to apply the law and accompanying rules and regulations in their daily practice. They are intended to provide licensees with guidance to promote good practice and prevent incidents of professional misconduct¹.

Practice guidelines can benefit licensees and consumers by broadening their understanding of statutory and regulatory language that defines professional practice, including professional misconduct and unprofessional conduct. They inform practitioners of the Office of the Professions' and State Board's perspective of what constitutes good practice in their profession. In the discipline process, practice guidelines can serve as one of many resources that may be referred to by a board member in consultations, early involvement meetings, and informal settlement conferences, all of which seek resolution of complaints. When combined with the board member's education, experience, and prior activity in the profession and the disciplinary process, they can inform a board member's recommendation when consulted upon a complaint.

Practice guidelines, however, are not a substitute for or have the authority of Education Law, Regents Rules, or Commissioner's Regulations. They do not have the force of the law. Therefore, while the guidelines may be a resource in assessing conduct that underlies a violation, they may not be used as the basis for a charge of professional misconduct. Specifically, a professional cannot be charged with professional misconduct based upon a violation of or failure to comply with guidelines. A licensee can only be charged with professional misconduct if there is a violation of the Education Law or Regents Rules. Nor can conformance with guidelines be deemed to immunize a professional from potential charges of misconduct. Those determinations are to be made on a case by case basis by the Professional Conduct Officer in accordance with Section 6510 of the Education Law.

¹It should also be understood that it is not the intent of the guidelines to establish a standard for the evaluation of issues in civil liability lawsuits involving claims of negligence or malpractice. The intent is to provide a frame of reference to be used with other appropriate considerations for assessment of issues relating to professional misconduct and unprofessional conduct as defined by statute, Regents Rule or Commissioner's Regulations.

In formal disciplinary hearings, a guideline may not be used in deliberations unless the Administrative Officer determines that it is admissible. Unless guidelines have been legally admitted into evidence upon a motion to be decided by the administrative officer, a panel should not refer to guidelines because a determination should be based solely on the evidence of individual conduct in an individual case. We realize that a panel member may have discussed and contributed to the development of practice guidelines. That is part of the board member's perspective, formed by his or her professional background, education, experience, research, and discussions. When a board member serves on a hearing panel, due process requires that board member to disregard whatever knowledge or insight was developed during the development of the guidelines unless they have been admitted into evidence, as noted above.

A guideline cannot be part of the hearing record or considered as evidence of the respondent's guilt, unless it has been admitted into evidence. In analyzing and interpreting the evidence presented in the hearing record, panel members should not substitute any guideline for evidence or proof of any charge.

As an articulation of good practice, guidelines are a very important tool for the State Education Department in meeting its critical mission of promoting good practice. I appreciate the thoughtfulness and dedication all of the State Professional Board Members bring to matters of professional licensure, practice, and discipline. Your role in the disciplinary process in describing and interpreting what is good practice are essential in assisting the Regents and the Department in matters of practice. If you have any questions in this matter, please contact Doug Lentivech in the Office of Professional Responsibility at 518-486-1765 or e-mail at dlentivech@nysed.gov.

Again, my appreciation to you for the time, dedication, and professional expertise you devote to regulation.

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